PTO/SB/81 (01-06 Approved for use through 12/31/2008, OMB 0851-003

hereby revoke all previous powers of attorn	ey given in the above-identified	d application.		
	Attorney Docket Number	0309.4031.901 (DKT03189)		
INDICATION FORM	Examiner Name			
INDICATION FORM	Art Unit			
CORRESPONDENCE ADDRESS	Titio	HYDRAULIC SLIDE VALVE PROVIDED WI		
and	First Named Inventor	Jean Armiroli		
POWER OF ATTORNEY	Filing Date	December 17, 2004		
	Application Number	10/583,219		

		ous powers or attorney g	iveir iii uie at	Jove-Ider	nilied application.	·		
I hereby appoint:								
Practitioners as	ssociated	with the Customer Number: 67424						
OR -								
Practitioner(s)	named be	alow:						
	Name			Registration Number				
as mulaus attacasu(a)	or opposite	s) to prosecute the application	14					
Trademerk Office con	nected the	erewith.	identified above	, and to tra	insact all business in the	United States Patent and		
The address	associate	e correspondence address for to ad with the above-mentioned C ad with Customer Number:			ition to:	6		
Firm or								
Address Address	Name							
7100000								
City				State		Zip		
Country								
Telephone				Email				
Jan Dic								
	,	SIGNATURE of	Applicant or As	ssignes of	Record			
Signature	190	4.60			Date	12/05/07		
Name		Armiroli			Telephone			
Title and Company	Pan	CTENC NCCO BO	26 WARMER	INCUS A	な			
NOTE: Signatures of all the inventors or assignces of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.								
Total of 4	1	orms are submitted.						

This calcition of information is equived by 37 CFR 3.3. 1, 30 and 1.3. The information is required to solving regular is executed by the product of the information is required by the product of the information of the infor

Approved for use through 12/31/2006, OMB 0651-003

DOME	P OF ATTORNEY	Filling C	ate	December 17, 2	1004	
POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM		First Named Inventor		Jean Armiroli		
		Title			HYDRAULIC SLIDE VALVE PROVIDED WITH	
		Art Unit		1		
		Examiner Name				
	• 1	Attorna	y Docket Number	0309.4031.901	(DKT03189)	
I hereby revoke a	I previous powers of attorney give	en in the	ahove-identific	d application		
I hereby appoint:	i previous powers of autorney gir	CII III UN	anove-identille	u application.		
mereby appoint;	. [
✓ Practitioners as	societed with the Customer Number:		67424	1		
OR						
Practitioner(s) n	nemed below:				==	
I	Neme			Registration Number	и	
		-			· · · · · · · · · · · · · · · · · · ·	
		\rightarrow				
es my/our attorney(s)	or agent(s) to prosecute the application is	dentified a	ove, and to transac	all business in the	United States Patent and	
Tredemerk Office conn	sected therewith.					
Please recognize or ch	nenge the correspondence address for th	e above-io	entified application t	o: .		
The eddress	associated with the above-mentioned Co	ustomer No	imber:			
OR	F					
The address	accordated with Contamor Number				0	
OR OR	associated with Customer Number:					
Firm or (ndividual	Name					
Address	Namo					
City ·			State		Zip	
Country						
Telephone			Email		*****	
am the:						
Applicant/Inve	entor.				*	
Assignee of re	ecord of the entire interest. See 37 CFR	3.71.				
Statement un	der 37 CFR 3.73(b) is enclosed. (Form F	TO/SB/96	· · · · · ·			
	SIGNATURE of	Applicant of	or Assignee of Rec	ord		
Signeture	etarba.			Date	22/05/2007	
Name	Aime Goubely			Telephone		
Title and Company	Desics DANNERA BUR	CNAR	WEN LOWING			
NOTE: Signatures of all th signeture is required, see	e inventors or assignees of record of the entire below*.	e interest or	their representative(s)	are required. Submit m	ultiple forms if more than one	
Total of 4	forms are submitted.				- :	
the USPTO to process) a to complete, including get	on is required by 37 CFR 1.31, 1.32 and 1.33 n application. Confidentiality is governed by hering, preparing, and submitting the complet of time you require to complete this form an	35 U.S.C. 1 ed applicati	22 and 37 CFR 1.11 or on form to the USPTO.	nd 1,14. This collecti Time will very depen-	on is estimated to take 3 minutes ding upon the individual case. Any	

DTO/S9/81 /01-01

Approved for use through 12/31/2008. OMB 0851-0035 redemerk Office; U.S. DEPARTMENT OF COMMERCE formation unless il displays a velid OMB control number. inder the Peperwork Reduction Act of 1995, no persons are requ Application Number 10/583,219 Filing Date POWER OF ATTORNEY December 17, 2004 First Named Invantor Jean Armiroli and Title HYDRAULIC SLIDE VALVE PROVIDED WITH CORRESPONDENCE ADDRESS Art Unit INDICATION FORM Examinar Name Attornay Dockat Number 0309.4031.901 (DKT03189) I hereby revoke all previous powers of attorney given in the above-identified application. I hereby appoint; Practitionars associated with the Customer Number: 87424 Practitionar(s) named below: Registration Number as mylour attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Petent and Trademerk Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The eddress associated with the ebove-mentioned Customer Number: The address associated with Customer Number. Individual Name City State Zip Country Talachona Email

I I S Patent and Treds

Assignee of record of the antire Interest, See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

Applicant/invantor.

SIGNATURE of Applicant or Assignee of Record Signature Office Date Jean-Louis Mag Telephona

Title and Company PHONET AND MEN BORGWARDER HOME

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. \square *Total of 4 forms are submitted.

Commercial Softwardson in required by 75 FET 3.51, 3.22 and 1.33. The information is required to obtain or relatin a binnefit by the public which is to fit (end by the USPTO to process) an application. Confidentiality is operand by 59 U.S. Co.1.22 and 37 CPT 1.11 and 1.14. This collection is estimated to take 3 simulates commercially the commercial control of the commercial control of the post required to complete this time and/or applications for reducing this bitteria, exclude is sent to the Commercial Commerc

PTO/SB/81 (01-06) Approved for use through 12/31/2008, OMB 0851-0035 redemark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a walld OMB control number

| Application Number | 10/583,219 10/583,219 Filing Date POWER OF ATTORNEY December 17, 2004 First Named Inventor Jean Armiroli and Title HYDRAULIC SLIDE VALVE PROVIDED WITH CORRESPONDENCE ADDRESS Art Linit INDICATION FORM Examiner Name Attorney Docket Number 0309.4031.901 (DKT03189) I hereby revoke all previous powers of attorney given in the above-identified application. I hereby appoint: 67424 Practitionars associated with the Customer Number: Practitionar(s) named below: Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected tharawith. Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number; The address associated with Customer Number:

Country Telephone Applicant/inventor

City

Signature

Name

Individuel Name

Assignee of record of the antire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

- dududias. Pascal Audineau

Title and Company Pocition (Por BORGINGAMEN MONACO NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

State

Date

Telaphone

*Tatel of_ forms are submitted.

Type of contraction of ____ comes are summented.
This collection of the information is required by CPR 13.1, 32 and 1.35. The information is required by CPR 13.1, 32 and 13.35. The information is required by CPR 13.1, 32 and 13.35. The information is required by CPR 13.1, 32 and 13.35. The information is required by